

**APPLICATION FOR UNITED STATES PATENT
DECLARATION * POWER OF ATTORNEY * PETITION**

AS A BELOW-NAMED INVENTOR, I/WE hereby declare that:

MY/OUR RESIDENCE, citizenship, and post office address are as stated below, next to my/our name.

I/WE BELIEVE I am/we are the original, first and joint inventor(s), of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE: Nucleic Acid Sequences to Proteins involved in Tocopherol Synthesis

the specification of which, with any Preliminary Amendment, is attached hereto.

I/WE HEREBY STATE that I/we have reviewed and understand the contents of the above-identified specifications including the claims, as amended by any Amendment(s) referred to above.

I/WE ACKNOWLEDGE the Duty to Disclose to the Patent and Trademark Office all information known to me/us to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56.

I/We hereby claim priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent, United States provisional application(s), or inventor's certificate listed below and have also identified below any foreign application for patent, United States provisional application, or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIORITY APPLICATION(S)			Priority Claimed
09/549,848	U.S.A.	April 14, 1999	
(Number)	(Country)	(Date Filed)	(Yes/No)

I/We hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I/we acknowledge the duty to disclose all information known to me/us to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in title 37, Code of Federal Regulations, § 1.56, which becomes available between the filing date of the prior application and the national or PCT international filing date of this application:

PRIORITY APPLICATION(S)			Priority Claimed
09/549,848	U.S.A.	April 14, 1999	
(Number)	(Country)	(Date Filed)	(Yes/No)

I hereby certify that this correspondence is being deposited with United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks; Washington, D.C. 20231

Express Mail No.: E 669884882945

Name: Nicole M. Arndt

Date: 10/16/00

I/We hereby appoint the following as my/our attorney(s) and/or agent(s) of record with full power of substitution and revocation to prosecute this Application and to transact all business in the Patent and Trademark Office connected therewith.

Brian K. Stierwalt
Dennis R. Hoerner, Jr.

Reg. No. 33,213
Reg. No. 30,914

I/We hereby direct that all correspondence be addressed to:

Gail Wuellner
Pharmacia
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I/WE HEREBY DECLARE THAT ALL STATEMENTS MADE OF MY/OUR OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

WHEREFORE, I/WE PRAY that Letters Patent be granted to me/us solely or jointly with the additional inventor(s) named below for the invention described and claimed in the above-identified specification and claims, and I/we hereby subscribe my/our name to the above-identified specification and claims, Declaration, Power of Attorney and this Petition.

Inventor's Full Name:	Michael	W.	Lassner
Inventor's Signature:			
Country of Citizenship:	USA		
Residence Address: (street, number, city, state, and/or country)	721 Falcon Avenue, Davis, CA 95616		
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SEE APP #28

Inventor's Full Name:	Beth		Savidge
Inventor's Signature:	<i>Beth Savidge</i>		
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Inventor's Full Name:	Timothy		Mitsky
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Post Office Address: (if different from above)			

Inventor's Full Name:	James		Weiss
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Inventor's Full Name:	Post-Beittenmiller		Dusty
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Inventor's Full Name:	Timothy		Mitsky
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Inventor's Signature:			
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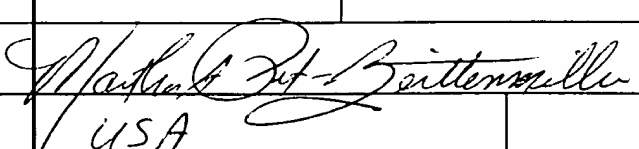
Inventor's Full Name:	James		Weiss
Inventor's Signature:	<i>James D. Weiss</i>		
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Inventor's Full Name:	Martha	Ann	Post-Beittenmiller
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